

<b>Case Number:</b>	CM14-0160287		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient who sustained an injury on 3/28/2007. She sustained the injury due to repetitive use of her hands. The current diagnoses include abdominal pain, acid reflux, constipation/diarrhea, melena and hypertension. Per the note dated 8/07/14, she had abdominal pain, heart burn, acid reflux and alternating episodes of diarrhea and constipation. Physical examination revealed 1+ epigastric tenderness to palpation. The medication list includes ibuprofen, Omeprazole, Trazadone, Benadryl, Amlodipine, Losartan, Spironolactone and Sertraline. She was prescribed topical cream. She has had EMG/NCS dated 9/23/10, which revealed mild bilateral carpal tunnel syndrome. She has had urine drug screen on 9/25/13 which was positive for Tramadol and Sertraline. Her surgical history includes right hand surgery in 2008, left shoulder arthroscopy on 8/4/12, right shoulder surgery in 2008 and left carpal tunnel syndrome and middle trigger finger release in 9/2009; and gall bladder removal in 2008. She has had physical therapy (PT), shoulder injections, trigger finger injections and cervical epidural steroid injections (ESIs) for this injury. The medication list includes ibuprofen, omeprazole, trazadone, benadryl, amlodipine, losartan, spironolactone and sertraline. She was prescribed topical cream. She has had EMG/NCS dated 9/23/10 which revealed mild bilateral carpal tunnel syndrome. She has had UDS on 9/25/13 which was positive for tramadol and sertraline. Her surgical history includes right hand surgery in 2008, left shoulder arthroscopy on 8/4/12, right shoulder surgery in 2008 and left CTR and middle trigger finger release in 9/2009; gall bladder removal in 2008. She has had PT, shoulder injections, trigger finger injections and cervical ESIs for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flurbiprofen 20 Percent:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

**Decision rationale:** Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). It has been requested in topical form The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). There is little to no research to support the use of many of these agents.....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... ..Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use....." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The response of anticonvulsants for this injury was not specified in the records provided. Intolerance to oral medication (other than NSAIDs) for pain was not specified in the records provided. Topical Flurbiprofen is not recommended by MTUS for topical use for this diagnosis as cited below because of the absence of high grade scientific evidence to support effectiveness. Therefore, this request is not medically necessary.

**Tramadol 20 Percent:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Topical Analgesics Page(s): 111-112.

**Decision rationale:** Tramadol is a synthetic opioid. It has been requested in topical form The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents.....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of

anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAIDs) is not specified in the records provided. In addition, Tramadol is not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support effectiveness. Therefore, this request is not medically necessary.

**Gabapentin 10 Percent: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Topical Analgesics Page(s): , pages 111-112.

**Decision rationale:** Gabapentin is an anti convulsant. It has been requested in topical form. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents.....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... ..Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathicpain: Not recommended as there is no evidence to support use..... Gabapentin: Not recommended. There is no peer-reviewed literature to support use..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of oral anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAIDs) is not specified in the records provided. In addition, gabapentin is not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support effectiveness. Therefore, this request is not medically necessary.

**Amitriptyline 10 Percent: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Topical Analgesics, Page(s): pages 111-112.

**Decision rationale:** Amitriptyline is an antidepressant. It has been requested in a topical form in this patient. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control

(including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) There is little to no research to support the use of many of these agents...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of oral anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than non-steroidal anti-inflammatory drugs (NSAIDs)) is not specified in the records provided. In addition, topical amitriptyline is not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support its effectiveness. Therefore, this request is not medically necessary.

### **Dextromethorphan 10 Percent Topical Cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Topical Analgesics, Page(s): pages 111-112.

**Decision rationale:** Dextromethorphan has been requested in topical form in this patient. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) There is little to no research to support the use of many of these agents.....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... ..Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use ...." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than non-steroidal anti-inflammatory drugs (NSAIDs)) is not specified in the records provided. There is no high grade scientific evidence to support the use and effectiveness of topical dextromethorphan. Therefore, this request is not medically necessary.